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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

**2014**Open to Public  
Inspection**A** For the 2014 calendar year, or tax year beginning

and ending

**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization**NES-AUA, INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

**500 CUMMINGS CENTER**

Room/suite

**4550**

City or town, state or province, country, and ZIP or foreign postal code

**BEVERLY, MA 01915****D** Employer identification number**20-3214327****E** Telephone number**978-927-8330****F** Group Exemption

Number ▶

**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶**I** Website: ▶ **N/A****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **75,920.****Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	<b>72,800.</b>
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
Expenses	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less: direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O) <b>SEE SCHEDULE O</b>	8	<b>3,120.</b>
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	<b>75,920.</b>
	Net Assets	10	Grants and similar amounts paid (list in Schedule O) <b>SEE SCHEDULE O</b>	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	<b>7,000.</b>
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	<b>2,187.</b>
16		Other expenses (describe in Schedule O) <b>SEE SCHEDULE O</b>	16	<b>8,562.</b>
17		<b>Total expenses.</b> Add lines 10 through 16 ▶	17	<b>72,129.</b>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>3,791.</b>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<b>23,471.</b>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	<b>0.</b>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	<b>27,262.</b>

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2014)

SCANNED JUN 05 2015

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	23,646.	22	27,787.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	23,646.	25	27,787.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	175.	26	525.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,471.	27	27,262.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

## 28 SEE SCHEDULE O

(Grants \$ 54,380.) If this amount includes foreign grants, check here

28a 54,380.

## 29 SEE SCHEDULE O

(Grants \$ ) If this amount includes foreign grants, check here

29a 3,780.

30

(Grants \$ ) If this amount includes foreign grants, check here

30a

## 31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here

31a

## 32 Total program service expenses (add lines 28a through 31a)

32 58,160.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

☒

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PETER N. TIFFANY, M.D.				
PRESIDENT/PRESIDENT-ELECT	2.00	0.	0.	0.
THOMAS M. KINKEAD, M.D.				
PRESIDENT-ELECT	2.00	0.	0.	0.
STEPHEN F. SCHIFF, M.D.				
SECRETARY	2.00	0.	0.	0.
ARTHUR E. TARANTINO, M.D.				
TREASURER	2.00	0.	0.	0.
E. ANN GORMLEY, M.D.				
PAST PRESIDENT/PRESIDENT	2.00	0.	0.	0.
GYAN PAREEK, M.D.				
REPRESENTATIVE - RHODE ISLAND	2.00	0.	0.	0.
JEFFREY A. RANTA, M.D.				
HISTORIAN	2.00	0.	0.	0.
GREGORY S. ADEY, M.D.				
REPRESENTATIVE - MAINE	2.00	0.	0.	0.
GEORGE E. HALEBLIAN, M.D.				
REPRESENTATIVE - WESTERN MASS	2.00	0.	0.	0.
BRIAN H. IRWIN, M.D.				
REPRESENTATIVE - VERMONT	2.00	0.	0.	0.
LORI B. LERNER, M.D.				
REPRESENTATIVE - EASTERN MASS	2.00	0.	0.	0.
VERNON M. PAIS, JR, M.D.				
REPRESENTATIVE - NEW HAMPSHIRE	2.00	0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	X	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	NONE	
42 a The organization's books are in care of	PRRI	
Located at	500 CUMMINGS CENTER, SUITE 4550, BEVERLY, MA	
Telephone no.	978-927-8330	
ZIP + 4	01915	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If "Yes," enter the name of the foreign country:	42b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/A	
and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		
48		
49a		
49b		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

ARTHUR E. TARANTINO, M.D., TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name RAYMOND L. ANTISS, JR.	Preparer's signature RAYMOND L. ANTISS, JR.	Date 03/23/15	Check <input type="checkbox"/> if self-employed	PTIN P00142883
Firm's name ▶ ANTISS & CO., P.C.			Firm's EIN ▶ 04-2917204	
Firm's address ▶ 1115 WESTFORD STREET LOWELL, MA 01851			Phone no. (978) 452-2500	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2014)

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

NES-AUA, INC.

Employer identification number

20-3214327

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

**DESCRIPTION OF OTHER REVENUE:**

**AMOUNT:**

NEWSLETTER BANNER

3,120.

**FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:**

**ACTIVITY CLASSIFICATION:** UROLOGICAL EDUCATION AND RESEARCH

**GRANTEE NAME:** NEW ENGLAND SECTION OF THE AMERICAN UROLOGICAL

ASSOCIATION, INC.

**GRANTEE ADDRESS:** 500 CUMMINGS CENTER, SUITE 4550 BEVERLY, MA 01915

**GRANTEE RELATIONSHIP:** RELATED ORGANIZATION

**AMOUNT GIVEN:**

54,380.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

**DESCRIPTION OF OTHER EXPENSES:**

**AMOUNT:**

BANK FEES

1,210.

MEETINGS

4,530.

TAX PREPARATION FEES

525.

INSURANCE

262.

COMMITTEES

2,011.

SUPPLIES

24.

**TOTAL TO FORM 990-EZ, LINE 16**

8,562.

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

**DESCRIPTION**

**BEG. OF YEAR**

**END OF YEAR**

PREPAID DUES

175.

525.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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OMB No 1545-0047

**2014**

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Name of the organization

NES-AUA, INC.

Employer identification number

20-3214327

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - (A) TO SERVE AS THE ARM  
AND INSTRUMENT OF THE NEW ENGLAND SECTION IN SOCIO-ECONOMIC AND  
LEGISLATIVE MATTERS AFFECTING THE MEDICAL PRACTICES OF ITS MEMBERS,  
INCLUDING REPRESENTATION BEFORE LEGISLATIVE BODIES, AND CONTACT WITH  
MEDICAL REGULATORY AND REIMBURSEMENT AGENCIES IN THE NEW ENGLAND  
STATES.

(B) TO INITIATE AND SUPPORT UROLOGIC PRACTICE MANAGEMENT EFFORTS AND  
TECHNIQUES IN THE NEW ENGLAND STATES, INCLUDING INFORMATION TECHNOLOGY,  
JOINT VENTURES, AND OTHER BUSINESS MEASURES.

(C) TO ADVOCATE ON BEHALF OF THE PHYSICIAN MEMBERS OF THE NEW ENGLAND  
SECTION IN ALL MATTERS AFFECTING THEIR PRACTICE AND LIVELIHOOD.

(D) TO SERVE AS LIAISON WITH THE GOVERNMENT AFFAIRS AND PRACTICE  
MANAGEMENT PERSONNEL AND ACTIVITIES OF THE AMERICAN UROLOGICAL  
ASSOCIATION.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:  
GRANT TO THE NEW ENGLAND SECTION OF THE AMERICAN  
UROLOGICAL ASSOCIATION TO ENCOURAGE THE STUDY OF AND TO  
MAINTAIN THE HIGHEST POSSIBLE STANDARDS FOR UROLOGICAL  
EDUCATION, PRACTICE, AND RESEARCH.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:  
JOINT ADVOCACY MEETING IS FOR AUA (AMERICAN UROLOGICAL  
ASSOCIATION) AND AACU (AMERICAN ASSOCIATION OF CLINICAL  
UROLOGISTS) MEMBERS WHO TRAVEL TO HEAR THE LATEST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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OMB No 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

NES-AUA, INC.

Employer identification number

20-3214327

LEGISLATIVE ISSUES IMPACTING HEALTHCARE. THE DOCTORS PARTICIPATING IN  
THE CONFERENCE MEET WITH THEIR INDIVIDUAL SENATORS AND REPRESENTATIVES,  
AND DISCUSS ISSUES SUCH AS ACCESS TO HEALTHCARE, REIMBURSEMENT, AND  
SPECIFIC MATTERS RELATING TO UROLOGY AND THE UROLOGIC TREATMENT OF  
DISEASE.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



